



Iowa Department of Human Services

Child Development Home Complaint

Name of Provider Kesia Wells	County polk	
Care Address 3716 Glover Av	City Dsm	Zip Code 50315
Mailing Address same	City	Zip Code
Phone 515/556/6731	Email	

Date of Complaint: January 28, 2015

Date of Visit: February 5, 2015

- ☐ Scheduled ☒ Unannounced ☐ N/A
☐ Non-Compliance with Regulations Found ☐ Compliance with Regulations Found
☐ N/A

RECOMMENDATION FOR REGISTRATION:

- ☒ NO CHANGES to registration status recommended
☐ REVOCATION of Registration

CATEGORY OF CARE:

- ☐ Category A
☐ Category B
☐ Category C (with no co-provider)
☒ Category C (with co-provider)

Summary of Complaint:

physical abuse

Rule Basis and Findings of Complaints:

110.5(6) The provider denied using corporal punishment.

Resolution and Action Required:

No evidence to support this concern was found, and no specific action required.

Consultant's Signature Terry Petersen	Date February 5, 2015
Supervisor's Signature C. Mark Chappelle	Date